

# Richard Shindell, M.D.

333 East Osborn Road, Suite 255  
Phoenix, Arizona 85012

## **Consent for treatment in absence of natural parent or legal guardian**

Date: \_\_\_\_\_

I \_\_\_\_\_, am the parent/ legal guardian of patient \_\_\_\_\_,

date of birth \_\_\_\_\_, I do hereby give permission to \_\_\_\_\_

to make any medical decision during my absence for date of service \_\_\_\_\_.

Dr. Richard Shindell may proceed with any necessary treatment.

\_\_\_\_\_  
*Parent's full name (print)*

\_\_\_\_\_  
*Parent's signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Appointed representative's full name (print)*

\_\_\_\_\_  
*Appointed representative's signature*

\_\_\_\_\_  
*Date*

Verbal consent given to staff member: \_\_\_\_\_

by \_\_\_\_\_ the parent/legal guardian of patient named above.

On \_\_\_\_\_ for date of service \_\_\_\_\_.

\_\_\_\_\_  
*Full printed name of staff member*

\_\_\_\_\_  
*Signature of staff member*

\_\_\_\_\_  
*Date*